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AUTHOR Magagna, Jeanne
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ABSTRACT

Discussed from a psychoanalytic perspective are areas of special difficulty in the phases of a three-year training observation of an infant and his family under the supervision of a 79-year-old child psychoanalyst and teacher. Specific attention is given to the child in relation to his family, the role of the observer in containing mother/infant anxieties, and the role of the tutor and seminar members in helping the observer. The first part of the paper reports observations of a baby and his parents in order to make a clear differentiation between (1) the baby attaching himself to the mother in a way that permits introjective experiences to take place, and (2) baby "holding himself together" out of distress. The second part of the paper describes transformations of the identities of all those involved in the observation/seminar, the baby and his family from the infant's eighth to sixteenth month, and the toddler's adjustment to a catastrophic change: the birth of a sibling. Throughout, the paper attempts to highlight some of the central preoccupations associated with early infantile anxieties, in particular the infant's fear of disintegration and loss of identity. (RH)

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THREE YEARS OF INFANT OBSERVATION WITH MRS. BICK - Founder of Infant Observation Tavistock Clinic in England

by Jeanne Magagna 1986

Some years ago Mrs. Harris contacted me to lead an infant observation seminar for social workers. Although I had observed one infant before I felt inadequately equipped for the task, so I asked Mrs. Bick for supervision of my observation of a young infant. For those of you who do not know of Mrs. Bick, she was an adult and child psychoanalyst, born in Poland. Some fifty years ago she did a Phd. on infant development with Charlotte Buhler in Vienna. In order to study some twins, she was required to use a stop watch to count the number of social responses they made towards each other. At this time she decided that to understand the development of the personality, without being dictated to by all the current theories of personality development, she should study the ordinary life of a baby in his family environment. Since 1948, when she began teaching at the Tavistock Clinic, at the request of Dr. John Bowlby, psychotherapy trainees have been visiting a family and observing the development of an infant from birth to two years.

I began the observations of the infant and his family when Mrs. Bick was 79. This was her last formal teaching experience. Mrs. Bick had written three articles on the importance of infant observation and she was intensely interested in pursuing the contribution of infant observation to psychoanalytic work. She was also very well known by former students as having extremely exacting standards for the observations. She was eager to have every little detail of the observation, in order that she could experience with Proustian clarity, the relationship between the baby and his family. I was aware that she was facing the end of her life as the baby began his . It seemed to me that her own in-touchness with the anxieties of dying enabled her to bring alive with utmost sensitivity the baby's fears of dissolution. Mrs. Bick had such an enthusiasm for infant observation, that somehow my individual supervision with her became a seminar of 6-13 child psychotherapists who were doing a second infant observation seminar. One year of observing became extended to three years of weekly observations which I presented to the seminar.

Today I shall examine areas of special difficulty in the beginning, middle and last phases of this three year observation. I shall look at the following:

1) the child in relation to his family
2) the role of the observer in containing the mother-baby anxieties
3) the role of the tutor and seminar members in helping the observer.

I. INITIAL STAGE--PREPARING FOR A NEW TASK

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How do you prepare for a new task? Mrs. Bick spent several seminars describing in detail how I should introduce myself to the professional worker, in this case a physiotherapist, who would find a mother. She indicated a simple way of introducing baby observation to mother. I should say 'I want to know more about babies and how they develop. I would find that useful.' The arrangement with mother included meeting with father to establish my acknowledgement of how my visits would affect both parents. Also my meeting father gave the message that I considered him to be crucial for baby's development. I was to introduce myself as simply as possible as someone wanting more understanding of babies rather than as a professional, a child psychotherapist. I was to set a regular day, time and the hour limit of the visit as well as delineating possible times when I would not be visiting--Christmas, Easter and August. There was to be a regular commitment to the visiting arrangements, just as there is in therapy arrangements with a patient. This was considered crucial to the task of the observations. Our seminar discussions about the visits stressed accommodating the mother in order that she would feel that I was not making demands on her or intruding upon her desires for rest, her routine, the baby's sleep. I was to be the container and support for the baby and the family as much a possible, rather than having the family be available to meet my needs. Making changes in appointments was considered making demands on the family and disrupting their routine. Being emotionally present for the family's sake was emphasized sufficiently for me to withstand the initial stresses of visiting.

I. THE FIRST OBSERVATION--BABY BOY, TWELVE DAYS OLD

Mother, a tall attractive quiet-spoken woman in her late 20's, explains that the first two days at home have been terrible, but today, the day I visited, the baby has settled. They'd felt like two proud parents going through the park with a new pram, a new baby. She adds, 'we felt conspicuous and a bit silly because everything was so new." In a friendly way, father, a highly educated handsome man in his late 20's, asks questions as to why I am coming, and then gives a detailed account of the time before and after the baby's birth. He describes how 4 weeks before the birth everything was okay, then the baby turned three times ending up in a breech position. He adds that he argued with the Doctor to see the delivery, a caesarian, but he was not allowed to. When he saw the baby, his face was all squashed. It was a terrible mess.' Father says he was terribly worried that the baby might not be all right, might have difficulty feeding or talking because he had a very high palate. He adds that because of the caesarian and anaesthetic preventing mother from seeing the baby, his wife felt she was in hospital because of an automobile accident, instead of because she was having a baby. She did not see the baby for two days because baby was in intensive care on another floor of the hospital.

Meanwhile mother is feeding the baby. When she sits him up to burp him, he raises his arms slowly and gazes into the window, lifting his legs slightly. Back at the breast, baby's hands are clenched while his arm rests along his side. His knees are drawn up, his toes slightly curled up. Mother's hand is wrapped round his leg, but baby isn't held very closely to her. Mother says the nurse told her to wrap the baby tightly in a blanket when feeding, but she didn't do this because she felt that some babies might like to move about and not feel cramped. Mother says she is anaemic, doesn't have much milk and is worried that baby is getting too little. She had rented a scale to weigh him before and after feeds to see if he was feeding. Mother supplements her milk with bottle feeding at this point. . While waiting for father to get the bottle, she burps baby again. She seats him on her knee and faces him outwards in my direction. He arches his neck with his head bent backwards so that his eyes look up in the direction of mother's face. Mother rubs his back, pats it slightly, and comments that babies arch their head like that when they have wind.

Father returns with the bottle saying how he'd become an "old hand at it'. He is worried about baby gulping down the milk from the bottle. When father later touches the teat which baby had sucked into a flat position, Mother makes him get a new one. While waiting for the bottle, baby arches his neck, looks in the direction of mother's face and begins sucking noisily on his clenched fist.

When mother moves him slightly, his hand falls out and he appears to be poised motionless in an interrupted movement. His body is tense. When he makes a few mouthing movements in the air, he seems more relaxed. He rolls his eyes in a backward direction, arches his neck, scowls and begins a muffled cry. He pushes his head back several times while barely moving the rest of his body. When baby resumes a light cry, mother rubs baby's tummy, but when the same intensity of crying continues mother gives him her breast saying 'probably nothing is there. We wait a few minutes until father returns with the new clean teat. Mother comments with relief that she could see how much he drank when he drank from the bottle.

The couple joke about how indecisive they are about baby's name. They had six weeks to name him they said. Father refers to baby as : Algie and recites a poem about the name given to 'bump on mother'. Mother says he's number three. It took them two weeks to name baby.

Mother changes baby, preparing him for sleep. She argues slightly with father who wants baby dressed differently for sleep. While changing baby, mother says to baby 'you're looking at the new visitor aren't you'. 'You can't get your eyes off her.'

As I prepare to leave, mother tells me that she doesn't think she wants me to return. She is worried about my coming. She doesn't know why. I say I appreciate how difficult it is to have so many new experiences with the baby and to have me present as well. Father says it will be all right for me to phone and come again the following week. Mother says she'd like more time to adjust to the baby first. She feels nervous about my being there. Father touches her arm and says 'by next week it will be okay, things will have settled more'. I leave saying 'I'll phone, thank you for the visit.

IIA. Seminars help to the observer

When I bring this first observation to the seminar, I am frightened of Mrs. Bick. This fear superceded my original wish to understand the baby in his family. I, like mother, have fears about the way in which I observed and reported my observations. I feel that Mrs. Bick expects me to be a perfect observer and there is too much nonverbal communication, like confetti, which must be caught and then knitted together into words and then paragraphs.

As I describe the initial visit, Mrs. Bick asks questions which on subsequent visits act like a zoom lens of a camera which moves you into very close, clear focus. Her questions are: 'How is mother holding the baby? Where is his head? How close to mother's body is he? Where is he looking? And what are his hands and legs doing when she changes position? What kind of movement or stillness do you see in the baby's body? Show us, we want to know.' Through her questions Mrs. Bick elicits more detailed descriptions of the quality of mother's holding of the baby as well as more comments on the various ways baby 'holds himself together'. Each week the seminar begins with a reporter's summary of the discussion of the previous week, thus providing continuity between the observations. These are written in a style which tells the story of the family's emotional life in a literary form.

II B The observer in relation to the family

The seminar's interpretations of baby's relationship to his parents has various effects on me. I feel scales are being pulled off my defended 'eyes' as Mrs. Bick makes inferences about what I observed. I become eager to see in more detail how baby and his parents are being together. But at times I feel the seminar is exposing me to too much. When the baby's experience has been fully described by Mrs. Bick, I can barely stand the experience of seeing baby suffer as mother provides so little physical support for him. I tend to project my own infantile anxieties of not being held emotionally unto this experience of baby. I identify with baby and become very critical of this mother, the bad mother of my internal world.

I can barely restrain myself from saying, 'He'd feel better if you hold him closer, hold his head.'

When baby's rashes develop on his bottom, scalp and face, I actually am ill and I have to miss an observation. This occurs following seminar in which Mrs. Bick describes baby's intolerable anxieties which are not being contained by mother, leading to the baby's use of his skin as a kind of container. I can't go back and see baby because the interplay of my own infantile anxieties contained in earaches and colds as child, stirred up by identifying with the baby's anxieties, resulted in my having a cold.

Gradually through the understanding and support of the seminar I gained courage to work on the projections which I was carrying from the family members. The baby in a damaged state had been reluctantly accepted into his physically beautiful family. Mother was anxious about not being a perfect mother and father was although a help sometimes, competitive with mother. I learned to 'put myself in the shoes' of each family member', not just baby's and remain sufficiently detached from my own anxieties to create a mental space to acknowledge my own anxieties and those projected into me by the parents. (the critic, the unwanted one, the competitive expert, the intruder).

A great deal of work on myself had to be done in order for me to be a good observer fully present with the baby and his family. When I did not do this work of keeping my feelings intensely alive and thinking about them, I tended to cut off from intense emotional involvement, becoming a wonderful video camera or I became a nanny, a second pair of helping hands to mother and baby. Then I could find emotional relief from the pain of being only an observer in the family without a child of my own, without the freedom to act in the capacity of a child psychotherapist, without the illusion of being a better mother than mother.

2C. Concluding remarks on the first phase of the observation
Baby up to four months

Mrs. Bick discusses the baby saying 'The baby is like an astronaut who has been shot into space without a space suit, with nothing to hold him together. This baby has a strong capacity for survival. Probably this is related to his struggle in utero when searching for a comfortable, secure place in the womb, particularly at the time mother was undergoing an emotional upheaval (when her father died two weeks before baby's birth). He is also an intelligent child aned constitutionally strong. He is faced with a life or death struggle and in the absence of a firm, containing mother, who can hold him adequately both physically and psychically, he must rely on his own methods of coping with great insecurities. In this early phase we see developing pattern in baby's methods of defence. At

three weeks, in an extremely frightening situation baby, completely undressed cries loudly, gets red in the face, kicks his legs rapidly, flails his arms stretched before him passes wind and defaecates slightly. Non-stop movement is used by baby as if he were attempting to hold himself together. He holds onto the movement to prevent terror of a dead end. This does not succeed and he seems to be 'spilling out' with a flurry of uncontained emotions, sensual experiences, until mother touches him. Then he becomes still, he stops his crying and momentarily has a calm facial expression. When mother touches him, he is held, prevented from 'falling into bits'. Mother's touch derives its its power from its significance as an adhesion, as a reestablishment of feeling stuck onto mother.

Besides nonstop movement and stiffening of his back with his neck stiff and head thrust backwards, baby holds himself from 'spilling out' by curling up motionless. At three weeks, when his nappy is removed, his legs immediately curl into his chest. When mother walks out of the room it seems his eyes, mouth and his diaphragm are all fixed still while he's holding himself tightly. When mother returns, baby opens his eyes and holds onto her face. While so held, he moves his legs in a gentle rhythm. This gentle movement of his legs when mother arrives suggests that baby is able to let go of his own defensive stillness and link to mother in a way that allows him to move freely.

When mother doesn't hold him firmly on her lap, baby stiffens his body and neck with his head pushing back. An example of this, at four mo, Baby is lying unclothed on mother's lap. He pushes himself with his legs so that his whole back and neck are stiffly arched over mother's legs. His arms are extended backwards too., This wriggling backward is interrupted by short moments of restful attention to mother's face. This stiffening of his musculature is baby's way of trying to make a stiff holding container for himself with all the energy which he can mobilize.

A colorful jump suit which continually hung nearby was often used when baby was not 'emotionally held by mother'.
He stared at it intently, holding onto it with his eyes. Mrs. Bick said that the organs, eyes, mouth, ears, nose, serve as suction pads like the mouth holding onto the nipple. At this early stage there is not much differentiation of the separate functions. They all seem to be suction pads for adhesion to hold oneself together.

The two main methods by which baby is able to hold himself together during these first four months are:
1) Using two middle fingers like a nipple to hold onto in his mouth. This continued through his second year. Ex. 2½ mo. Mother is changing baby's nappies, when she removes his two fingers from his mouth to put on his jacket he begins to cry. He moves his arms agitatedly, kicking his legs and moving his

head about. Finally he finds his middle two right hand fingers and sucks them while looking in my direction. He then stops crying.

2) His most satisfactory way of feeling held together was through listening to mother's gentle, continuous conversations with him. EX. At 4 mo baby is being changed. He has his middle two fingers in his mouth while he lies on the changing mat. Mother begins talking to him. He releases his fingers from his mouth, breaks into a smile and then a laugh with a kind of goo-aah-hi series of sounds which become more excited as he waves his hands in flopping motions near his shoulders. He makes more sounds in response to mother's talking to him some more. He repeats some of her sounds. He does not need his fingers to feel securely held when mother is talking to him. The milk of mother's love is coming into him. He feels it and hears it. It is not he alone but mother and him joined together like mouth with mother's nipple inside. A genuine attachment which required time for mother and baby to get to know each other has evolved.

When mother is not too persecuted by baby's cries, she is able to observe adequately what he wants and how he is. By the first month baby has introjected some kind of internal holding mother and is able to relax his body and explore his world.
EX. 1 mo Baby's arm is wrapped close to his chest with his clenched fingers placed near his shoulder. His slightly bent legs lay still, with his toes tightly curled under. He sucks energetically. After about seven minutes at the breast, baby extends his arm and gradually spreads his fingers like flower petals opening out. With his fingertips he gently moves along mother's blouse and along mother's breast. Mother strokes his fingertips, squeezes them and lets them go. He begins sliding his hand along mother's breast in a very slow fashion. All this suggests taking in, in contrast to 'hanging on', 'holding onto'. This seems the beginning of baby's exploration of his world made possible when he is emotionally held by mother.

In this first part of the paper, I have given a detailed observation of baby and his family, in order to make a clear differentiation between the baby attaching himself to mother in a way that permits introjective experiences to take place, (like the example I just gave of baby sucking on the nipple) and baby 'holding himself together' out of distress (holding his body very still, maintaining a stiff arched back, holding onto the colorful jumpsuit, holding onto his two right hand fingers placed in his mouth). The important aspect of these attempts by baby to prevent catastrophe is that he is so frantically trying to hold himself together, that no knowledge, no exploration of his world, no deepening relationship with his mother and father is possible. In this state of 'holding on' in an adhesive way no change is tolerated. Only repetitive sameness is accepted. If mother removes the fingers at this point, when baby is using them to hold himself together baby is frantically distressed. In describing baby's putting his fingers in his mouth as baby developed I needed to begin differentiating his holding onto his fingers 'for dear life' from his 'sucking on', 'gently 'holding on' to the fingers with modified anxiety in a way that is more a recreation of the experience a good feeding breast.

We can admire baby's who struggle to hold themselves together, but we also worry if they rely to much on their own attempts to care for themselves. A baby needs to feel secure enough to let go of his own protective defences to face the uncertainty of a relationship with mother. In the excerpt of baby, at one month at the breast, we see how after about seven minutes of sucking at the breast, he seems to have sufficiently introjected mother's attentive, emotionally holding feeding to let go of his own bodily defences of stiffening of his hand and feet muscles. He then moves freely in an exploration of mother.

When baby can neither rely on mother's containment or 'hold himself together' his unpleasant experiences are expelled. This can be through various orifices--spitting out from his mouth, defaecating, projecting through his eyes, screaming or crying out, kicking violently as if to kick out the unpleasant sensation, rapidly flailing his arms. Once again, this spilling out or thrusting out of unpleasant sensation needs to be differentiated from non-stop movement to hold the self together. This is done by observing the expression on baby's face, in conjunction with the quality of the movements and the context in which he is behaving this way. For example, when mother temporarily stops touching baby while changing him he may begin kicking. Depending on how anxious or angry baby is , he may be kicking wildly in fury or panic, or he may be kicking forcefully to feel 'held together' and alive, or he may be kicking in conjunction with the waving of his arms as a signal for mother to pick him up. Hence Mrs. Bick would often say to me, 'It's no good saying he was kicking, how was he kicking?'

Likewise, Mrs. Bick would expect me as an observer to begin to describe in detail and interpret the quality of baby's crying as any mother who gets to know her baby well would. I would need to describe the piercing high pitched cry of baby in pain with a stomach ache, the bellowing cry of baby who is tired and gradually subsides into sleep, the cry of the terrified infant who turns away from mother when she tries to comfort him because his whole world

has turned bad.

During times when noxious experiences were not expelled, baby's body was used as a container, his bottom had a red rash and his scalp had the flaky skin of cradle cap. This suggested that baby's psyche could no longer tolerate the unpleasant tension he was experiencing, it became a sieve like container unable to retain distressing emotional experiences or transform unpleasant sensations into emotional experiences which he could tolerate.

III FINDING NEW IDENTITIES

III A. Mother

Mother is obviously feeling very insecure. Not knowing what she should do to soothe the baby is unbearable, she worries will baby survive? Will she survive baby? She responds to advice of father and the nurse by rebelling initially. Advice is felt as criticism of her for not knowing what to do. She protects her self from feeling persecuted by the nurse by doing the opposite of what is advised (Wrap and hold the baby tightly.) She shows her feelings of being persecuted by father by having him wash baby's teat, the minute he touches it. She cannot invite her mother whom she admires until she can show her mother that she is managing to care adequately for baby. Her sense of persecution is transferred to her relationship with me and she tells me at the first visit--'Don't come back.' When mother is bathing her one month old baby and he cries, she feels the cries mean she is not doing a good job mothering him. When she feels assailed by overwhelming demands to be a perfect mother, to have nothing for herself, this persecutory demand prevents her from using her good mothering capacities.

Clearly the baby's birth has precipitated in the mother a sudden and massive loss of identity. She is no longer the capable adult, the slim-figured woman, the competent secretary that she was before the birth. She does not know who she is, having not as yet acquired her new identity as a mother. Her bewilderment and aching sense of loss of her old identity are joined to a realization of her total responsibility for this wee helpless baby. Yet she feels utterly incompetent to the task. She feels herself to be like a new born baby, suddenly vulnerable, exposed, unheld. By his responsiveness to mother, his capacity to be comforted by her, baby alleviates some of mother's persecution. He helps her find an identity as a good mother when he latches on to the breast showing her that he wants and needs her and when he forgives her quickly when she upsets him by not meeting his needs.

being a good parent is out of competition with mother in order to cope with his infantile jealousy of baby taking his place beside mother much of the time in these early days.

By the time baby is three weeks, Father has become more sensitive to his wife's insecurity about mothering and he asks her if she minds if he picks baby up, before he does so. However, when he allows her to be in the dominant position of mother to baby, his jealousy of baby emerges. Ex: When baby is being bathed at 3 mo, with mother and observer in the bathroom, father comes into the tiny bathroom carrying a photo of himself as a baby. He wonders if I think baby looks like him. Feeling baby is being cared for more than him, feeling dropped and ignored, his defense now is identifying with the baby. He says, 'see my baby photo!'

III C. Observer
I said I don't know how to make the baby 'more of a person' yet. Can you help me write in a manner that is more readable and vivid in its descriptive detail. Mrs. Bick said 'the mother is more central in your description. Baby is still sort of a strange object, his existence is not quite whole or secure in your descriptions. Can you infer some feeling when he cries, raises his arms, pushes his head back? What sort of facial expressions does he have? I, like the parents, was having difficulty finding an identity for the baby and an identity as an observer. Mother had said 'the baby just felt like a lump', a stranger, an intrusion the first few weeks'. That was just how I had felt initially in the family home. I felt inadequate for the seminar and for these anxious parents.

III D Seminar members
During this initial stage the grouop including me, remained virtually mute as tho listening to a symphony orchestrated by Mrs. Bick. No one would have known that for all of us in the seminar this was our second baby observation. Many of the members had children and most were qualified child psychotherapists. We had become passive recipients of Mrs. Bick's wisdom about baby and mothers early anxieties. I think we were afraid to speak our thoughts, afraid to disagree with thoughts of Mrs. Bick. It was not only respect for Mrs. Bick's understanding that caused this passivity. It was also that we had settled for peaceful conformity with her thoughts for we were afraid that by being different, by having separate identities, we might end up being 'the unwanted baby'. I do not think this is an event peculiar to this seminar. Group passivity in which members assume infantile dependence on being noursihed by the expert is perhaps one of the most daunting initial issues with which iniant observation seminar leaders have to contend.

IV GETTING ESTABLISHED BABY 8-16 MONTHS

IV A. Baby and his family

A1. The book as breast

When baby as early as 10 months is distressed, mother uses his interest in books to comfort him instead of comforting him directly:

> Ex. (10 mo) Baby falls and begins cry.ing. He is patted once by mother who then hastens to distract him. "Jeanne's here, she'll wonder why you're crying. Look here's a book. Don't cry. It's nothing. There, there.' The second she hands him the book baby stops crying and carefully turns the pages. He talks incessantly, making sounds like de-de, like the sound of ducks he had in a bedroom mobile. 1 He points at the pictures on the pages and says 'derh' while looking up at me for a response. He smiles when he sees me looking at him. When he closes the book, he rubs the backside and starts looking through it again. He pats some of the pages and crawls near the door to play peek-a-boo several times. He laughs as he shuts the door in our faces

For Baby, his relationship with the book and all its wonders is symbolically linked with his relationship to the good internal breast, to his union with a loving mother, a father reading to him. The book represents the treasure-house of all that a good loving mother provides--loving, talking, touching, thoughtfulness. He holds the book and pats it as though he posses 'the good breast'! He gets involved in it as he got involved in feeding intently at the breast. Then, in his peek-a-boo game, he works on his separation from the external mother.

A2 Knowledge used to allay anxieties about 'broken connections'

Baby continues to resort to holding onto his two fingers in his mouth when extremely distressed, but as he grows older he relies more on his memory and intelligence as a means of holding himself together . He needs to know what is happening, to know the routine of the family, to know about the spatial order of things in the house. He holds onto the sameness of objects, the sameness of mother's routine, the sameness of the observer in order to feel securely held. If objects change or are not in their proper place, if mother's routine does not follow the sequence which he remembers and expects, then baby's world that he knows tends to collapse. The insecurity begins and grows and he greatly needs reassurance then. His only a baby needing a mother, but because baby has learned to rely on himself, his observation and attention are acute for everything.

> EX. (9¼ mo) A few days after a clock has been removed from a box prominent position near the entrance to the sitting room, baby crawls near the box. He pauses below it. Then he extends his right arm, later his left arm, pointing to it while making sounds da-pause-da. He looks at me, then at the space where the box was and repeats da-pause-da. He then slowly crawls through the hallway. When mother greets him and walks through the hall, he stop crawling and bursts into sharp cries.

Baby has learned and developed memory not only to know about the world, but also in order to look after himself. Something has disappeared. He;/ is not prepared for it. It is a shock. When mother appears and then disappears, he cries. He doesn't ordinarily cry when mother moves away, but with the disappearance of the clock, baby fears that everything (ie mother) will disappear like the clock.

Here is another example of how baby uses his memory, a kind of adhesive memory, in order to keep track of how one event should follow another, in order to keep his world intact.

EX. (16½ mo.) Baby spends most of an hour attempting to tell his parents about the acutely distressing event which has occurred earlier in the morning. From the bathroom he shouts daddy, daddy. Father in the sitting room says 'here I am.' Baby comes in the room and smiles and then calls 'mommy, mommy'.' Mother is present and smiles. He then runs to get his toy telephone in the sitting room and drags it into the bathroom where mother now is and then back to father in the sitting room. He returns to mother in the bathroom, twisted the dial, lifted the receiver and say 'lo-10' for hello. Then he says to mother 'teleson,teleson'. Mother tells me tells me how baby ran back and forth from the bathroom to the ring ing phone when father had rung in the morning and mother (now 5 mos. pregnant) in the bath did not answer, until the third time father phoned. At this point, baby hits mother's leg forcefully . When she puts him in the bath he called 'daddy, daddy'. Mother says, 'Yes, daddy's outside'. Baby says,'teleson'. Mother keeps trying to figure out what he is talking about. She guesses 'television'? Baby says, 'no'. Finally she say, 'Do you mean telephone?' Baby say yes, expectantly. Mother says, 'Are you talking about this morn ing when the telephone was ringing and it was daddy and I didn't answer? Baby says 'yes' smiles delightedly and repeats in a sing-song voice repeatedly, 'teleson,teleson'.

We see from this example how ther remain in baby uncontained terrifying anxieties of things falling apart, which make it important for him to rely on the external patterns of family life. He uses his good intellectual ability and memory to hold onto the routine of family life and the position of objects in the house in an attempt to create a continuous unchanging 'emotional net' without holes or gaps through which unexpected events could appear, causing emotional spilling and falling apart of his self. It seems that baby experiences his whole world, his family, collapsing when mother and father did not join together in their usual telephone conversation in the manner he expected. He elicits his parent's help in restoring order to his world. Mother has time to try and understand the event which felt a catastrophe to him all day until she understood his intense anxieties. This is an example of how mother's task requires putting into words baby's experiences which at 16 mo baby does not yet have the facility to fully think about and certainly not talk about . Here an upsetting event stirring up internal anxieties in baby is given meaning through mother's puzzling over an anxiously spoken word, 'teleson'.

A.3. Losing, holding--Hurting, mending

When baby is more secure, he is able to use talking, books, games like and hide and seek to recreate closeness to his parents and work on his preoccupying anxieties about being dropped and lost, picked up and held. He is also able to use play to elaborate his phantasies of damaging and mending. I shall give examples of a play activity which extends over most of mother's pregnancy which occurred when baby was ten months old.

EX. 11 Mo: Baby begins spilling milk and watching it fall to the to the floor. He throws pears on the floor and watches mother retrieve them.

EX. 12 Mo: Baby finds a white spool shaped man in the corridor, rolls it along the floor, catches it, bangs it on the floor, then begins talking to it. Later in his high chair, he smiles at me, drops the man, and looks at it on the floor. Mother retrieves it and bangs it against his high chair, throws it forcefully down and then searches for it.

EX. 16 Mo: A new addition to this routine play occurs. He throws a small horse on the floor, picks it up, kisses it and then throws it down again.

EX. 16½ Mo. Baby notices my bandaged finger. He touches it gently, then touches the hurt finger very gently saying ooh, ooh. Then he carefully bends down and kisses it. He tells his mother. 'Jeanne, finger.' His worries about the hurt finger are shown through his mentioning of it several times during the visit.

In these four observations (11-16 Mo.) baby obviously needs to retrieve what he's dropped and mend what he's damaged. Play is used by him to explore and master the conflicts in his external world, but also play enables him to work through his phantasies causing internal conflict. In his play we see that baby has sufficiently internalized a good containing mother to notice what is damaged externally (symbolic of what is damaged internally threough his phantasy attacks). He then attempts to make reparation, partly through manic kissing of the man doll, but also through emotionally involved depressive concern for my damaged finger. Baby's awareness of and sorrow about his destructive attacks, his wish to repair the damage and his rebuilding of the internal breast or mother inside himself is a gradual process which is worked on over again and again in subsequent observations.

IV B. The relation of the observer to the family (phase two--8-16 mo.)

Mother feels abandoned by me on the occasions when it is necessary for me to change the time of the visit. Through her behavior I become aware of how important keeping to a regular time provides containment for her. Breaking our routine of meeting disrupts our relationship. When I do change times, mother in her infantile transference to me, responds always by missing the next few visits. She is simply not home when I arrive. Also if I follow baby out of a room where both he and mother are, she feels neglected by me and responds by rejecting me. She indicates that she wants a 'demand feeding observer' for at times when I

phone she tells me that the only time we can arrange to meet is at that moment, right then when I am phoning. In this way she communicates that she doesn't want to be kept waiting. (I would be phoning to check that mother would be there at the regular time some hours in the future.)

Baby is incresingly mobile and talkative. I am virtually part of his family and am greeted by 'mummy, daddy , Jeanne' which as early as 11 months would frequently repeated during my visits.

IV C Seminar's help to the observer

I bring to the sseminar my difficulties in relation to mother's rejection of me as I felt it to be, and baby's engagement of me in his activities. I am convinced that the observations continue only because of the seminar's understanding of what is going on between the family and me. I am ready to stop the observations for I keep feeling I am a nuisance and that's why mother isn't home when I arrive. I can't acknowledgethat mother may be relating to me as a container for her anxieties about being rejected. It is very difficult for me to accept my importance to mother in particular. I think this is chiefly because I feel paralyzed to do anything with mother's infantile transference to me. I can't interpret the fact that she feels lonely and abandoned at homeand in particular deserted by me. I can merely show her that I can withstand the projections of her feelings of being dropped. Mrs. Bick also shows me the ways in which I foster mother's difficulties when I follow land watch baby too much rather than keeping a hovering attention on the whole family at home. Later mother is able to use me to discuss feelings about loneliness and her father's death and her difficulties and appreciation of being baby's mother. But this is something which occurred only because of the group's support to me in understanding that I did have an important role for mother even though I said very little.

With baby I began observing like a wooden statue, not engaging in any activities with him. I discover I have some joints and can move after Mrs. Bick says 'Follow his lead. Don't initiate anything new. Hold what he gives you until he wants to take it away. Don't return until he wants it back. Baby comes up to me in many of my visits, to touch me and to say 'Bye,Bye.' Mother says maybe he feels I only know 'bye-bye' for him. But in my silence I am still very present in his mind. Again, it is very difficult for me to understand how an observer can serve a useful function for a child be being there, regularly, in an attentive way without saying much. The seminar, by pointing out my usefulness as a psychic container for baby and mother then increases my guilt about planning to leave baby soon after the new baby is born. They intensify a personal crisis for me: 'How can I, an observer, help a young child understand that I am going to stop visiting him regularly.?'

V. TRAVERSING OF CATASTROPHIC CHANGE (22 Mo-30 Mo) Ne baby (0-8[illegible]

'Every step in development requires a learning from experience and traversing of a catastrophic change.'

Dr. Meltzer, Studies in Metapsychology, p12

Later he gets under the glass table where we are seated and calls up, 'hello mummy, Hello Jeanne, while patting my leg and giggling. He then gets out from underneath and begins twirling about excitedly. Then he runs to get a puzzle which he brings to mother sayinhg 'fix the puzzle, fix it mummy'.

Over the months, baby has developed a capacity to bear feelings and hold experiences in his mind. He manipulates the objects in the house (the plums, the tomatoes, the corks, my handbag, the puzzle) in an exciting way, for he is endowing them with aspects of his psychic world. He touches and drops the plums, then he becomes concerned about the little one he has dropped out of the 'basket mummy'. He investigates the cork bottles, and the position under the glass table out of curiosity for the contents of mother's body, the new baby inside. He's struggling with his wish to be the only one inside mother's mind, beckoning for all mother's attention, asking mother, 'can she let him inside?' Then he beseeches mother to help him put together the pieces of the puzzle with a bus and bus conductor inside. He hopes to fix the pieces together to make his internal objects whole and good after his attacks. He is able to fix part of the puzzle himself, feeling the pleasure of being able to 'put the object back together', but then he can't complete the task. He demands, 'Fix it mummy.' He is worried, 'How can I be mother's baby when this new baby sits there inside mummy and Why am I not in there as well?'

Of course, my worry is, will the couple be able to fix things well enough for Eric so that he will not feel 'in pieces' when mother and father welcome home the new baby, move to a new house and place him in a new nursery?

The concluding remarks will focus on the various ways in which Eric attempted to face the problem of changing from the position of being the only baby to being the 'older brother'. I shall show how his parents assisted him in this adjustment.

V A. Being the baby

> EX: (25 mo) The new baby whom I shall call Daniel, is 11 weeks old. While mother is breast feeding baby Daniel, Eric lies in the baby bouncer facing them while sucking his fingers. When mother sternly tells him to get out, he forcefully throws the bouncer sideways at mother.
>
> Later when the new baby, Daniel is put into Eric's former bedroom, Eric goes into his parents bedroom, takes one of baby's blankets and unsuccessfully wraps his teddy in it. When the blanket keeps falling off, as he picks up teddy, he asks mother to help saying he has to cover teddy or 'he'll get pneumonia'.

In Eric's mind there seems to be 'a baby' who is clearly in danger of dying of falling ill. This is linked with anxieties

about his wish to take baby's place and his own sense of being left ' out in the cold' while the new baby is being fed.

V B. Splitting loving and hating feelings

During some of the time Eric cannot manage the intensity of the conflict between his loving feelings and his hating feelings. He resorts to splitting the hostile feelings off into various relationships, in order to preserve a good loving relationship somewhere:

> EX (26 Mo). Eric begins nursery school. He returns home to enjoy bathing under mother's care. He says 'I love you mummy'. On this same occasion he will not come near me as he usually does and he refuses when mother says, 'Say goodbye to Jeanne.' This is very unusual.
>
> EX. (28 Mo.) Eric is very nice to the baby, but he is increasingly defiant to mother, saying 'no' to each of her requests to have a bath or leave his toys in the play area.
>
> EX. (28 Mo.) Eric gets cross with mother for giving baby a toy she won't let Eric have. When mother attempts to wash him in the bath, he refuses to let her wash him. He says, 'Jeanne, wash me.' I say I will watch him. He washes his body excitedly, while naming all the parts of his body.

V C. Jealousy of the new baby spoiling all his relationships

Eric no longer holds in all of his hostility to baby by keeping it in his relationship with mother or the observer. But his physical attacks are very tentative and clearly marked with some respect for the fact that baby shouldn't really be hurt:

> EX. (28 Mo.) When mother arranges a bath for Eric and his baby brother, Eric throws his stuffed rabbit at Daniel, then sips some bathwater and spits it at Daniel's face . Then he covers Daniel's face with a wet face cloth. lHis concern about doing damage is clear when he picks up a little tiny plastic frog and tells mother 'the eye is out'. Then Eric gives baby a little plastic toy saying, 'Daniel likes to eat it.'
>
> Watching baby suck on the toy provokes Eric's jealousy of baby at the breast and when mother attempts to give baby a yellow plastic barrel, Eric cries out, 'I want it, mummy'. He shouts until mother takes the toy away from baby and gives it to Eric. But it is not the toy which Eric wants, for when mother gives baby another toy, Eric cries and screams with a desperate, piercing sound, 'I want it Mummy'.

The toys symbolize all Mother's emotional riches which are now also bestowed on the new baby and Eric is riddled with jealousy of baby receiving a share of mother's love.
When mother takes him out of the bath, he refuses to stand. Instead he just raises his legs so he drops in a heap on the carpet and begins biting it and making all sorts of baby sounds 'gooh---gooh'.

After mother dries him, Eric hurriedly runs for the comfort of his father's lap which is free of the new baby.

> EX. (28 mo cont.) Eric rests his head against father's shoulder while sucking forcefully on his middle to fingers. Father begins reading a bedtime story which Eric usually enjoys. Eric cannot focus on the pictures, for he keeps looking across the room where mother is feeding baby.

Eric's relationship to the good internal mother usually allows him to maintain an avid interest in storybooks. However, here we see that having father attention does not succeed in blotting out or mitigating sufficiently his jealousy of the new baby at mother's breast. His jealousy interferes with his pleasure with his books and with father.

V D. Projective identification with a grown-up daddy

Father is delighted to have a more clearly defined role, to take care of Eric, while mother cares for baby however father tends to push Eric to use his intelligence to do things which are far beyond his current knowledge or capacities. Eric also has a strong wish to be big, like daddy, to avoid his infantile jealousy.

> Ex. (29 Mo.) Father announces to me that he and Eric have fixed together every single one of the puzzles which Eric has. Eric has put every single one of the pieces of a two foot long Noah's Arc puzzle by himself. Now as he does it again, he says proudly to us all, 'I'm doing very well.' He is delighted about being an older child who has skills, who can do things which baby can't do .
>
> Father sings the alphabet song with him and shows him some letters of the alphabet. Eric correctly picks out the letter for baby's first initial . But then father spends fifteen minutes trying to help him tell the time on a puzzle clock. He can't tell the time. Father gets impatient with him, saying, 'Oh, I give up.' Eric is totally crestfallen, lost. He becomes quiet and sheepishly says 'I can't remember.' He rubs his head very worriedly Then he throws all the puzzle pieces composing the clock into a disorderly pile.

If Eric can't be the boy who does very well, knowing things like father, he feels he is nothing, he fails, he becomes like a

baby. He becomes miserable with the fear that there is no place for his 'baby self' because a new baby has taken his place. A little while later, Eric , getting out of his vulnerable position of being baby who doesn't know how to do things, recruits me as an ally to observe his 'big boy like daddy' activities. This time the activities are musical and physical.

> Ex. (29 Mo.) He hears mother talk about singing and goes around singing 'la, la, la ' . He then says, 'I'm kicking my ball, it's a big ball.' Hearing mother offering coffee, he says, 'Mummy, I want a cup of coffee.' When she says you don't like it do you? Have some ribena or juice', he answers, 'No.' He repeats firmly, 'I want coffee.'

Here we see Eric's attempts to possess and control the father's grown-up capacities to tell time and put a complicated clock puzzle together. He ignores his own preferences, saying he wants what father drinks--coffee. At the same time Eric disowns and projects his baby feelings into baby on mother's lap. He projectively identifies with father in order to postpone confrontation with jealousy that his baby self experiences in relation to the new baby.

V 8. Being 'baby' with mother

When Eric has the opportunity to have some time alone to talk and play with mother, he introjects this good experience and is then able to share mother with the new baby.

> Ex. (29 Mo) Eric has spent some time in the kitchen with mother before she enters with baby and stoops down to wipe some spilled coffee on the floor. Eric seeing her at his level quickly asks to sit on her other knee. Mother allows Eric to do this and squatting before me with a child on each knee she laughs and says, 'Aren't we a spectacle?'

My immediate response is to think how dramatically mother has changed since we first met. She wasn't able to respond to Eric's requests to be picked up when he was 1½, but now although Eric barely realizes it, this is a mother who now does have space for two babies on he lap. It is clear that Eric is grateful to mother for caring for him. The relationship with father and me has assisted him in surviving the pain of the new baby Daniel.

V 9. Allowing coupling to take place

> Ex/ (29 Mo. cont.) Later when I'm watching Eric in the garden he notices a small yellow flower which has dropped off a bush. He brings it to me saying, 'that's for you.' Then he looks on the grass saying, 'I'll get a flower for mummy.' When we go inside the house, I give both flowers

to mother, but Eric says 'No that's for mummy, that's for Jeanne.' He then asked me to stick my flower on the branches of a plant in the kitchen. He wants to kiss me goodbye.

In the past, Eric's wish to kiss me goodbye has occurred mainly when baby was in mother's lap and he distanced himself , wanting to turn away from her. This visit is different in that he is able to keep affectionate and distinct relationships with both mother and me. I am still puzzling over baby's wish to have me stick the flower back onto the tree. It seems he is very sensitive to the beauty of the breast and his greedy wishes to possess it completely for himself and control it. Perhaps he still questions whether or not he can have something for himself without damaging the new baby, the creativity of the good internal parents (symbolized by the flower producing plants).

V. 10 Symbolic play used to enlist parents' help with anxiety-laden feelings

When the family moved to their new house around this time, Eric was quite unhappy, particularly without his play group friends. The strain of being without a diversion from baby and his relationship with the parents was obvious.

EX. (Eric 32 Mo. and New Baby 10 Mo) The monster and falling baby: Baby is crawling behind Eric wherever he goes and trying to touch whatever Eric is playing with. Eric says, 'Go away it's mine!' When baby finally turns away to play with another car, Eric grabs it from him saying, 'No, it's mine.'

Eric becomes anxious about his hostility to baby. When baby goes near the staircase, Eric tells father ,'Watch, because baby will fall down the stairs. Father laughs and sits on the staircase while mother prepares the bath. Eric then goes to his bedroom and looks out the window. He exclaims, 'Why there's a dinosaur out there, come look.' Father says, 'Oh, no, I can't because I'm watching to see that baby doesn't fall down the stairs.

Eric then gets teddy from his bed, leans near father and throws teddy down the stairs. Father says, 'Oh, poor teddy.' Eric laughs. He orders father, 'Go and get it'. Father says, 'No, I'm watching the stairs for baby.' Earic says, I'll go and get it'. He climbs over father and asks, 'See? I'm not going to fall, am I?' He retrieves teddy and takes him into the bathroom where he hides him under the bathtub.

Returning to father and me, he tells us, 'There's a dinosaur out there. It's very big. It's sitting in the middle of the road. It has two teeth. See how big it is.' The he tells me he is going to hide . While hiding under the parent's bedcovers he calls out, 'I'm hiding from the dinosaur, Daddy.' When father comes into the room he wants father to hide too.

Clearly Eric is striving to get father to notice how, left without mother, Eric feels he is falling. He tries to turn father away from baby to concentrate on him. When father doesn't take seriously enough his wish to be protected, he is subjected to the frightening dinosaur. The dinosaur embodies combined bad internal parents, mother joined with daddy in a union filled with projections of his hatred for the new baby created from this union. Eric's own sadistic wishes against the parental couple turns them into a monstrous dinosaur, revengefully coming back to attack him. Teddy is used to personify his vulnerable self, his fear of being the annhilated baby. A secret protected life for his 'fragile self' is sought through his hiding of teddy (symbolizing his baby self) under the bathtub.

Following this activity, Eric is able to relate to his hostilities and fears with more concern than persecution:

> EX. Eric (32 Mo.) Having struggled to take away baby's toys in their joint bath, Eric returns to father to show him a slight cut on He then finds an army tractor, rolls it in front of me and says , 'the wheels are broken, fix it, Jeanne'. I put the wheel on, but when it doesn't roll, he brings the tractor to father. He calls to me from the other room, 'Daddy's fixing it, I'm helping.' He sounds very pleased.

One of the striking features her is how Eric tries to enlist his good external parents and me in helping him with his fears . These fears are related to his need to be held more securely particularly in the face of his jealous attacks to his damaged self, the damaged internal brother and parents.

But is not simply jealousy with which Eric is struggling. He feels baby takes away a sense of his own identity. Alone with his parents Eric has a sense of being their child whom they love, but when coupled with baby, joining in baby's play or bath or seeing baby on mother's lap, Eric loses his sense of identity as 'the baby'. He is not yet certain about a new identity, that of an older child, the big brother who doesn't need to be just the same as baby or just the same as father to have what the parent's provide.

VI. CONCLUSION

The family's move marked the end of the observations, the end of the seminar with Mrs. Bick. I've visited with the family since then, sent Eric some birthday cards. The family and I also exchanged Christmas greetings with theirs including an invitation to visit when I was in the area. The ending of observation visits, particularly over a lengthy period like this, brought many questions to my mind. How do I leave my relationship with the family? I don't feel it is appropriate to switch immediately from the role of observer to friend of the family. This is an inclination which frequently arises at the end of observations. I decide to visit the family occasionally, with several months elapsing before the 'friend visit'. I imagine that with some months elapsing there is time for my role as an observer with all the infantile

transferences it carried from mother, to be stored as a memory, leaving space for what , if anything else, can later emerge between me and the family.

My aim in writing this paper has not been to trace the complexities of the baby's emotional development into childhood. Instead I have tried to highlight some of the central preoccupations with early infantile anxieties, in particular the fear of disintegration and loss of identity, which were central to Mrs. Bick's contribution to the study of infants. Through her devotion to observing and understanding the child and parents, Mrs. Bick fostered our own wish to participate in a concerned way in the seminar. I frequently reminisce about Mrs. Bick to whom I would like to dedicate this paper --for her help in bringing to life in me, in a vivid, meaningful way the full impact of the experiences of a baby new to the world and the parents new to the task of rearing him.

The observation of infants done well reminds me of one of Yeat's poems:

God guard me from the thoughts men think

In the mind alone

He that sings a lasting song

Thinks in a marrow bone.

Jeanne Magagna 1986 Rome Child Psychotherapy Conference

If you have any additional comments on or interpretations of the material which I have not presented to the conference they would be most appreciated. My address: 33 Eton Avenue, Flat 5 London NW3.

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